

- 385 N. Arrowhead Avenue, San Bernardino, CA 92415-0160
- 13911 Park Avenue, Victorville, CA 92392
- 1647 E. Holt Avenue, Ontario, CA 91761



County of San Bernardino • Human Services System
 Department of Public Health
 DIVISION OF ENVIRONMENTAL HEALTH SERVICES



DATE: _____
 PAID: _____
 CHECK #: _____
 REC'D BY: _____
 RECEIPT #: _____

Application for Health Permit Inspection and Health Services ENVISION FOR WINDOWS

PHONE _____

Web site: www.sbcounty.gov/dehs

APPLICANT MUST FILL IN ALL BLANKS

FACILITY NAME _____

FACILITY ADDRESS _____

CROSS STREET _____

CITY/STATE/ZIP _____

PHONE NUMBER (_____) _____

ALTERNATIVE PHONE NUMBER (_____) _____

FAX NUMBER (_____) _____

LEGAL OWNER NAME _____

LEGAL OWNER ADDRESS _____

CITY/STATE/ZIP _____

LEGAL OWNER PHONE NUMBER (_____) _____

FORMER FACILITY NAME _____

APPLICANT MUST FILL IN ALL BLANKS

MAIL INVOICE TO:

Business Name: _____

Attention: _____

Address _____

City/State/Zip _____

E-mail _____ Phone _____

TOTAL FEE DUE \$ _____

NOTE: ALL FEES ARE DUE AND PAYABLE WITHIN 30 DAYS.

FAILURE TO PAY WILL RESULT IN THE ASSESSMENT OF A DELINQUENT FEE. APPLICATION AND FEE MUST BE SUBMITTED PRIOR TO OPERATION BY ANY NEW OWNER, OR A DELINQUENT FEE WILL BE CHARGED.

I hereby make application for health services and permit to establish and/or operate the above mentioned business, use, or service in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this permit and operation of the business.

I understand that any structural alterations, including, but not limited to, equipment changes or additions, requires the submittal of plans to EHS for review and approval prior to opening. Initial _____

Signed _____ Date ____ / ____ / ____ Title _____

TO BE COMPLETED BY OFFICE STAFF WHEN APPLICATION IS TAKEN

*FACILITY ID # _____ PROGRAM ELEMENT # _____ CONTRIBUTOR # _____ ENVISION ENTERED BY _____ DATE _____

*GHP # _____ CITY CODE # _____ DESIGNATED EMPLOYEE # _____ MOCHA ENTERED BY _____ DATE _____

OWNER ID # _____ EXP DATE _____ DISTRICT # _____ NEW TRANSFER RENEWAL

(Circle One)

*Leave blank **only** if this is a new establishment.



Application for Health Permit Inspection and Health Services

ENVISION FOR WINDOWS

OFFICE USE ONLY

LIQUID WASTE HAULERS:

List License #, Make, Year, Decal # and Number of Gallons below

<u>LICENSE NUMBER</u>	<u>MAKE</u>	<u>YEAR</u>	<u>DECAL #</u>	<u>NUMBER OF GALLONS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMMISSARY LETTER

Name and Address _____

PEDDLERS/VENDING MACHINES/CATERING TRUCKS:

List License #, Make, Year, Decal # and Location below

<u>DRIVER'S LICENSE NUMBER</u>	<u>LICENSE PLATE NUMBER</u>	<u>MAKE</u>	<u>YEAR</u>	<u>DECAL #</u>	<u>NUMBER OF MACHINES</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTES

FOOD ESTABLISHMENTS:

Seating Capacity _____

or

Square Footage _____

Soft Serve Number of Machines _____

Vending Machines Number of Units _____

RECREATIONAL HEALTH:

Number of: Pools _____ Spas _____

Wading Pools _____ Water Slide _____

MASSAGE:

Number of Units _____

WATER:

Number of Connections _____

VECTOR:

Number of Birds/Horses _____

HOUSING:

Number of Units _____

MOBILE HOME PARKS:

Number of Units _____

TATTOOING, BODY PIERCING and

PERMANENT COSMETICS:

This facility does: Tattooing Body Piercing
 Permanent Cosmetics

Business Hours _____